

# COMMUNITY NEEDS ASSESSMENT

## ***Community Health Priorities 1997-98***

### ***Heart Disease and Stroke Access to OB/Prenatal Care***

The Community Health Council selected two problems from the list of health concerns to be addressed during the first project year. These community health priorities are heart disease/stroke and access to obstetrical/prenatal care. When selecting these priorities for 1997-98, the Council worked through the entire sequence of interacting factors that contribute to each community health problem identified. Links between problems, barriers to effective intervention and the availability of resources were all important considerations.

## ***Community Resources***

### **HEART DISEASE AND STROKE**

- Hardin County Health Department
- Schools
- Churches
- Hardin County General Hospital
- Quinco Community Mental Health Center
- University of Tennessee Extension Services
- Local Physicians
- American Heart Association
- Resource Mothers

### **ACCESS TO OB/PRENATAL CARE**

- Hardin County General Hospital
- Hardin County Health Department
- Department of Human Services
- Local Physicians
- University of Tennessee Extension Services

### **Heart Disease and Stroke**

Heart disease and stroke account for fifty percent of all Hardin County Deaths. In 1996, one hundred twenty-two lives were lost to heart disease and stroke in Hardin County. Based on four year age adjusted rates, 1992-96, Hardin County ranks 15<sup>th</sup> worst among Tennessee's ninety-five counties in terms of the rate of death from heart disease. In a community survey conducted by the Health Council, 85 percent of respondents identified heart conditions as a community health problem. Hypertension and stress, which are related to heart disease and stroke were also identified as community health priorities by more than 80 percent of respondents. Similar results were found from the Behavioral Risk Factor Survey conducted by the University of Tennessee.

### **Access to OB/Prenatal Services**

Access to obstetrical, prenatal and delivery services has been historically limited in rural communities and Hardin County is no exception. With only one OB/GYN physician in the community, expectant mothers do not receive adequate prenatal care. It is not unusual for new mothers to deliver outside the county, thereby, eliminating an important revenue stream for the local hospital. According to the Tennessee Department of Health, only 57 percent of births to residents of Hardin County occurred in the county.